

PROVIDING THE POPULATIONS' ACCESSIBILITY TO THE MEDICAL SERVICES WITHIN THE PRIMARY MEDICAL ASSISTANCE OF THE COUNTY OF SIBIU IN 2007

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Abstract: *This study analyses the evidence on primary health care system in the county of Sibiu in the year 2007 as follows: insured residents in urban and rural areas, distribution of residents by age groups in the previous year, the number of general practitioners in the county of Sibiu, the number of registered primary care offices at local level, the distribution of GPs in urban and rural area, primary medical staff, the length of list capitation, daily programme in primary care, the continuous access to primary care, the distribution of GPs by professional degree. Examining these structural evidences at local level, we can develop accurate evaluation reports on the necessary services in primary health care. This will help managers to take decisions with a positive impact on the availability, affordability and financial or geographical accessibility of population to the primary health care services.*

Keywords: *primary health care, accessibility, decision taking.*

Rezumat: *Lucrarea de față realizează analiza de structură a serviciilor din asistența medicală primară în județul Sibiu în anul 2007. Principalele caracteristici înregistrate au fost: numărul populației înscrise la medicii de familie din județul Sibiu, repartitia pe medii și grupe de vârstă, numărul și structura cabinetelor de medicină de familie din județul Sibiu, repartitia lor pe medii, încadrarea cu personal, repartitia medicilor de familie în funcție de mărimea listelor de pacienți înscrși, asigurarea permanenței în medicina de familie, repartitia medicilor de familie în funcție de gradele profesionale. Analizând aceste aspecte structurale ale medicinei de familie, planificatorii în sănătate la nivel local pot lua decizii cu impact pozitiv asupra utilizării, disponibilității și accesibilității financiare sau geografice a populației la serviciile din asistența medicală primară.*

Cuvinte cheie: *asistența medicală primară, accesibilitate, luarea deciziei*

INTRODUCTION

The ideal in today's medicine may be understood in two ways: health promotion and disease healing maintenance. If, until now, the medical activity has been focused on the disease in present and especially in perspective, today's medicine structures the options acting in favour of health. Within this context, the family doctor becomes a „health provider”. The change from „cure” to „care” is not easy.

The new course was produced due to certain structural mutations of the population in terms of habitat and average age, of a new configuration of morbidity and of a superior de-coding of the affections etiopathogeny (chronic diseases preponderance with a multifactorial etiopathogeny ecologically-conditioned), to the increase of efficiency and efficacy of the therapeutic procedures corroborated with a better surveillance and recovery of the patient within family, to the incapacity of the hospitals to solve the medicine problems of a healthy person and to the impossibility of hospitalizing all cases, as well as due to other elements (gathered experience, limited budgets).

Changes occurred, as a natural requirement at conceptual and organizational level, which brought about the movement of the weight centre towards the primary care, placed on a first contact position of the patient regarding the health system, a closer position to population and life problems.

It became obvious that within the process of reorientation and re-sizing the medical assistance, the family doctor is the essential element of the sanitary strategy within an integrated sanitary organization; that is why, one of the wishes of the health decision takers at local level is the improvement of the indicators of the population accessibility to the medical services in general and to the primary care services in particular.

PURPOSE OF THE PAPER

This paper analyses the primary care services of the county of Sibiu in the year 2007, from the structural point of view, for a future evaluation and improvement of the access criteria of the population regarding the primary care services

MATERIAL AND METHOD

Evaluative and descriptive research, structure analysis and evaluation of the medical services accomplished by the family doctors of the county of Sibiu in 2007 in comparison with the year 2006. The main studied characteristics were the numerical and theoretical distribution of the family doctors of the county of Sibiu, the types of the services accomplished within the primary care during the studied period of time, family doctors' distribution according to their professional degree, length of list capitation.

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RESULTS AND DISCUSSIONS

In the county of Sibiu, there is a number of 249 family doctors (160 in urban environment, 89 in rural environment) in contractual relations with the Health Insurance House, who develop their activities in all the municipalities of the county, both from the rural environment and from the urban one.

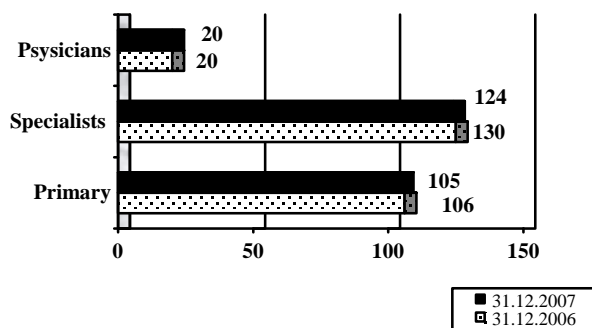
Table 1: Area distribution of the family doctors of the county of Sibiu in the year 2007.

County of Sibiu area	No. of the insured registered on 31.12.2007			No. of the family doctors			No. of the insured / 1 doctor
	Total	Urban	Rural	Total	Urban	Rural	
NORTH AREA OF THE COUNTY OF SIBIU	27.378	18.453	8.925	18	6	12	1.521
SOUTH AREA OF THE COUNTY OF SIBIU	56.876	38.334	18.542	36	21	15	1.580
NORTH-WEST AREA OF THE COUNTY OF SIBIU	115.879	78.017	37.862	65	34	31	1.783
CENTRAL AREA OF THE COUNTY OF	163.450	109.838	53.612	99	90	11	1.651
WEST AREA OF THE COUNTY OF SIBIU	46.907	31.615	15.292	31	9	22	1.513
TOTAL COUNTY	410.490	276.257	134.233	249	160	91	1.648

Regarding the territorial distribution of the family doctors, it can be noticed that there is a very good coverage with family doctors in all areas of the county of Sibiu, both at urban and rural level, providing the easy access of the population to the medical services. The average number of the insured, registered with a family doctor within the county of Sibiu was of 1648, at the end of 2007.

The below graphic presents the structure of the family doctors taking into account their professional degrees, in contractual relation with the Health Insurance House of Sibiu, in the year 2006, as against the year 2007.

Figure 1: Structure of the family doctors within the county of Sibiu, taking into account their professional degrees in 1006 in comparison with the year 2007.



At the beginning of 2006, there were 403.735 insured people on the lists of the family doctors within the county of Sibiu. Following the sustainable information activities regarding people's compulsory registration with the family doctors, in order to be able to benefit from the

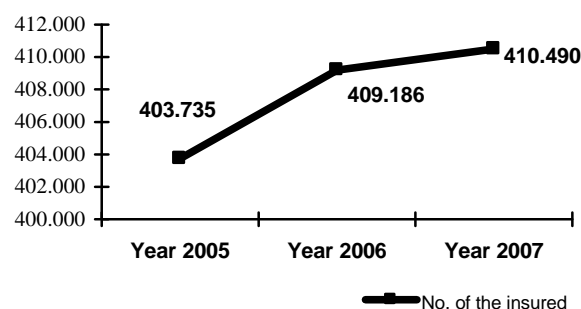
rights provided by the health insurance law, their number increased to 410.490, at the end of the year 2007.

The below table presents the number of the insured patients registered with the family doctors in contractual relation with the Health Insurance House of Sibiu, at the end of 2005, in comparison with 2006, 2007.

Table 2: Evolution of the number of the insured patients registered with the family doctors.

Period	2005	2006	2007
Insured	403.735	409.186	410.490

Figure 2: Evolution of the number of the insured patients registered with the family doctors within the county of Sibiu



By analysing the above diagram, an increase of the number of the insured at the end of 2007 can be noticed, in comparison with 2005 and 2006.

Yearly, with a view to stimulate the family doctors who develop their activity in the rural environment, in areas with special working conditions, the Health Insurance House of Sibiu, together with the Public Health Authority of the county of Sibiu, according to the provisions of the Framework contract on the conditions of granting the medical assistance within the health insurance system and according to the Methodological Norms for applying, analyse the possibility of integrating the medical offices within the criteria established by the common Order MS-

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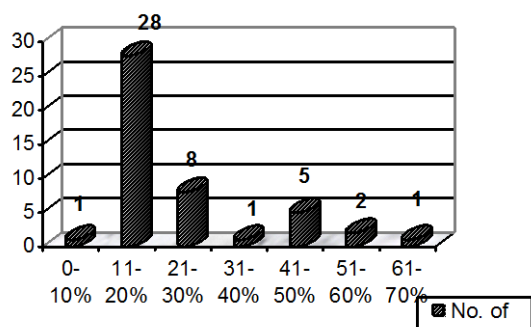
CNAS no. 619/943/2001, allowing the grant of allowances for special working conditions.

As a result of these evaluations, allowances for special working conditions have been granted in quantum of between 10% and 70% to a number of 35 medical offices, where 46 family doctors develop their activity.

Table 3: Situation of the allowances granted to the medical offices within the county of Sibiu:

% granted according to the common Order 619/943/2001	Population afferent to these types of municipalities.	No. of the medical offices	No. of doctors
0-10%	2.307	1	1
11-20%	47.488	25	28
21-30%	12.700	8	8
31-40%	1.252	1	1
41-50%	7.511	4	5
51-60%	1.309	2	2
61-70%	979	1	1
TOTAL	73.546	42	46

Figure 3: Situation of the family doctors within the county of Sibiu, who benefit from allowances granted for special working conditions.



Starting with 2006 and during the year 2007, medical services were provided in 5 centres of permanence, established in different areas within the county of Sibiu, served by a number of 70 family doctors.

Table 4 : Situation of the centres of permanence established in the county of Sibiu and the number of points accomplished by the family doctors who serve these centres:

Municipality	No. of doctors who serve the centre of permanence
AGNITA	9
AVRIG	10
TALMACIU	5
SALISTE	5
MEDIAS	41
TOTAL	70

Also, in order to accomplish the access, as large as possible, to the medical services within the municipalities where more family doctors develop their activity, their working programme was established, so as the medical

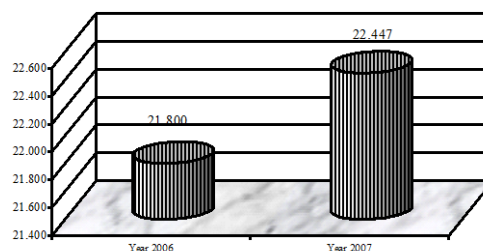
assistance should be provided both during the morning and in the afternoon.

In 2006, the family doctors residing in the rural municipalities provided the continuity of the medical assistance after the working hours, as well; a number of 21.800 people benefited from these services in comparison with the year 2007, when the number of the beneficiaries increased to 22.447.

Table 5: The number of the insured who benefited from the medical services provided after the working hours:

Medical services provided by the family doctor who lives in the rural municipalities where there is not any centre of permanence.		Year 2006	Year 2007
- between 20,00 - 8,00	20 points / request	6.178	6.568
- until 20,00	15 points / request	15.622	15.879
TOTAL		21.800	22.447

Figure 4: Evolution of the number of the patients benefiting from the medical services provided by the family doctors of the county of Sibiu, after the working hours.



CONCLUSIONS

- The resulted data emphasize the fact that in the county of Sibiu, the territorial coverage with family doctors was accomplished, the average number of people registered with the family doctors' lists (1648 patients registered/family doctor) fitting the optimal interval established at national level (1500-2000), an indicator which may provide the family doctors with the possibility of offering medical services, by observing the criteria related to the time necessary for the current, prophylactic or emergency consultations.
- With a view to take the correct decisions, adapted to the health needs at local level regarding the structure and organizational elements of the primary care, it is necessary to study and accomplish the following analysis and evaluation process:
 - Permanent monitorization of the indicator regarding the medical services population coverage;
 - Annual establishment of the necessary number of family doctors according to the number and territorial distribution of the population;
 - Realistic estimation of the necessary medical services, taking into account the health needs,

the indicators of addressability and the length of the waiting lists;

- Specific indicators of morbidity and mortality and the rhythm of the chronic diseases dispensarization;
- Analysis of the indicators for providing the continuity of the medical services through the centres of permanence or at the insured patients' residence;
- Informing the population on the rights and duties arising from the quality of being insured, as well as on the medical services access conditions (programme, the obligation for paying the health contributions, price lists for the support services, waiting lists, hierarchization criteria regarding the priorities for providing the medical services.

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